

AC 44957 (2) Nuneaton Warwick

BOROUGH OF NUNEATON

ANNUAL REPORT

1938

SCHOOL MEDICAL SERVICE

P. G. HORSBURGH, M.R.C.S., L.R.C.P., D.P.H.

School Medical Officer.

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School Medical Officer.

MEMBERS OF THE EDUCATION COMMITTEE OF THE BOROUGH OF NUNEATON.

(As on 31st December, 1938).

Councillor F. H. Raison, B.A. (Chairman).
Alderman F. P. Pembleton, J.P. (Vice-Chairman).
His Worship The Mayor (Alderman W. Croshaw).
Deputy Mayor (Councillor T. L. Liggins).

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„ Mrs. D. E. Crew.	„ P. Woodward.
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„ P. Dixon.	Rev. T. H. Jenkins.
„ G. W. Fennell.	Dr. E. Nason.
	Rev. Canon J. L. White.
	Mrs. W. T. Smith.

Director of Education: Mr. J. C. Bennell.

STAFF OF THE SCHOOL MEDICAL DEPARTMENT.

School Medical Officer:

P. G. HORSBURGH, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officer:

H. BURNS, O.B.E., M.B., Ch.B. (Edin.).

Surgeon—Tonsil and Adenoid Clinic:

C. A. RAISON, M.B., Ch.B., F.R.C.S.

Surgeon—Orthopædic Clinic:

F. W. ALLAN, M.B., F.R.C.S., L.R.C.P.

School Oculist:

H. BURNS (three half days per week).

School Dentist:

T. H. THOMPSON, L.D.S., L.R.C.P., L.R.C.S. (Edin.).

Dental Attendant:

Miss L. JACKSON.

School Nurses:

Miss D. REYNOLDS and Miss C. AHERN.

Clerical Staff:

W. WOOD, I. BIGGS, M. FOSKETT.

BOROUGH OF NUNEATON.

School Medical Department,
Council House, Nuneaton.
1st February, 1939.

To The Chairman and Members of the Education Committee, Nuneaton.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit to you my Annual Report on the working of the School Medical Service.

There are no outstanding factors to bring to your notice.

The general nutrition of the children has remained at much the same level as in the previous year.

Much has been spoken about " holiday with pay " during the last year or so, and it is hoped that this move will help the children as well as their parents.

The annual holiday for the school child is an important factor in maintaining or improving the health of the child, providing it is of a suitable character, but I am afraid this is not always the case. One often has to treat the child who has just returned from a holiday, which, the parents complain, " has done the child no good! " I think it is possible that if the child were questioned one would find that the holiday it had spent would have put a great strain on an adult, let alone a growing child. Some parents in their desire to give the child " a good time " allow it to keep much later hours than when at home, most of these late hours often being spent in amusement parks, etc., and of course, the benefit which has been obtained during the day is undone. Probably the most beneficial holiday for a child is one spent at a holiday camp, which is just as much appreciated by the average child as a modern seaside resort with its bright lights and amusement parks.

Unfortunately many of our school children do not get away from home during holiday times, owing to the circumstances in which their parents are placed, and for these children I should like to see holiday camps established. I am certain that not only would the child benefit generally from a holiday of this type but also that many of the minor ailments which occur during the winter months would be prevented.

The nursery classes attached to our schools are well established and will be increased when the new schools are completed. It

might be possible to utilise these nursery schools in order to teach some of the elder children the care and management of younger children.

A knowledge of the management and care of children is, after all, a most important factor in the lives of most girls at some stage or other. Accordingly, some practical training during their school lives would be an advantage. This might well be borne in mind when the curriculum is drawn up for those girls who will remain at school until they are fifteen years of age, in accordance with the terms of the Education Act, 1936.

In February of the year under review, Mr. Roberts, your dental officer, resigned and we were fortunate in obtaining the services of Dr. Thompson. The dental service has been reorganised with great success and it is to be hoped that next year we shall be able to report on further advances in this service. The inauguration of gas clinics for extractions has been much appreciated by the patients as well as the parents.

In the latter part of the year an extra remedial session was included in the orthopædic scheme. As this had only just commenced at the end of the year it is not yet possible to report on its working.

I extend my thanks to the Chairman and all Members of the Committee for the sympathetic way in which they have always dealt with matters appertaining to the School Medical Service.

I appreciate the work of the members of my staff and the loyal way in which they have carried out their duties. A School Medical Officer cannot have a successful service without co-operation and loyalty in members of his staff.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

P. G. HORSBURGH,

School Medical Officer.

CO-ORDINATION.

I have dealt in the past years with the co-ordination which exists between the Maternity and Child Welfare Service and the School Medical Service.

All your Clinics are dual purpose buildings which deal with the child from birth to school leaving age, and all forms of treatment available for your school child are available for your pre-school child.

The records kept of pre-school children, through the Infant Welfare Centres, Health Visitors and the like, are automatically referred to the School Medical Department when the child commences attendance at an elementary school.

All services for school children and pre-school children come under the supervision of one Medical Officer, namely, The Medical Officer of Health, who is also the School Medical Officer. Consequently there is no break in the services maintained for the children of our town from birth to school leaving age.

HYGIENE.

At the present moment you have under your Authority, 15 schools made up of 27 departments. The Arbury Ward Senior School which will accommodate 400 children is nearing completion, whilst I hope to be able to refer to the Higham Lane School which is for both Seniors, Juniors and Infants, in my next report. The extensions to the Manor Park Senior School are proceeding. Medical inspection at your new schools will be greatly facilitated by the provision of special rooms for this purpose. As I stated in my report last year, most of the senior children in your schools have now got special clothing for Physical Training, and provision is being made in the new buildings for the hygienic storage of these garments.

No nursery schools have been established in the town but the Committee have extended their activities as regards nursery classes.

The beneficial results of these nursery classes continue. Children attending them are taught the rudiments of sound hygiene.

The following schools have nursery classes:—

	Class	Children
Abbey Street C.E. Infant School ...	1	35
Queen's Road Council Infant School ...	2	62
Coton Council Infant School ...	1	31
Stockingford Council Infant School ...	1	30
	<hr/> 5	<hr/> 158

The Higham Lane School will include a nursery classroom.

ACCOMMODATION PROVIDED IN PUBLIC ELEMENTARY SCHOOLS.

1.—Council Schools.

Name of School			Accommodation		Average attendance last school year	
Attleborough	710	...	576
Chilvers Coton	650	...	502
Galley Common	295	...	175
Manor Park	320	...	286
Queen's Road	1070	...	840
Stockingford	1264	...	1042
Swinnerton	320	...	302

2.—Non-Provided Schools.

Abbey Street C. of E.	...	...	595	...	465
Attleborough C. of E.	...	...	405	...	303
Chilvers Coton C. of E.	...	...	469	...	416
Heath End C. of E.	...	...	281	...	176
St. Joseph's R.C.	...	...	212	...	182
Stockingford C. of E.	...	...	326	...	244
Vicarage Street C. of E.	...	...	807	...	662

Total accommodation provided in Public Elementary Schools:

Council Schools	...	...	...	4629
Non-provided Schools	...	...	...	3095
Total	...	...	...	<hr/>7724 <hr/>

MEDICAL INSPECTIONS.

The Board of Education's requirements on Medical Inspections have been carried out during the year. The routine medical examinations required, it will be recalled, are "Entrants," "Intermediates" (which is the 8-year-old child) "Leavers" (children examined after the age of 12 years).

The findings at the Medical Inspections of the 2011 children who were examined, will be found in statistical form in Table II.

In addition to the inspections carried out in these special age-groups, other children were examined on account of some physical defect, or re-examined at shorter periods as a result of findings from previous medical inspections.

All routine medical examinations are carried out on the school premises with the exception of Stockingford Church School. These children are examined at the Stockingford School Clinic, Cross Street, as it is difficult adequately to carry out the work on the school premises.

NUTRITION.

Every child examined at Routine Medical Inspection in the schools has to be classified in the returns in one of four categories as regards nutrition. These four categories are:—

(a) Excellent, (b) Normal, (c) Slightly sub-normal and (d) Bad.

Details of the findings will be found in Table II (B) of the statistics and it will be seen from the Table that of all the children examined 90.9 per cent. were found normal, 7.3 per cent. as having excellent nutrition and 1.7 per cent. slightly sub-normal.

Of the 2,011 children examined out of your total of 6,171, no case of bad nutrition was recorded and it will be seen that the percentage of normal children found falls in the case of Entrants from 95.2 per cent. normal to 83.5 per cent. in the 3rd age-group or Leaving age-group. On the other hand it will be seen that there is an increase in excellent health from 3.6 per cent in the Entrants to 15.3 per cent. in the Leaving group, whilst the sub-normal figures do not vary greatly as between your Entrants or your Leavers.

The children who fall below the normal standard of health are carefully investigated at subsequent examinations; these examinations generally take place at the Clinic. Many of the children with sub-normal nutrition have some definite physical defect; when this is remedied the child's general physique improves and they then go back into the normal category.

A great deal of time is spent on the investigation of children suffering from mal-nutrition and this often entails visits to the homes in order that the cause may be ascertained.

The child with malnutrition who has no obvious medical defect is often a very difficult problem. One often finds on investigation that the home conditions are apparently of a high standard and the food requirements appear to be of the necessary quality and quantity. This type of case is especially difficult to deal with but the physique of the mother or father often provides a clue.

From the figures quoted above it will be seen that the general physique of the Nuneaton child compares favourably with that in other industrial areas.

MINOR AILMENTS.

The examination of the children at routine medical inspections did not bring to light many cases which are classified under this heading.

With the close co-operation, which we receive from the parents and head teachers we should not, of course, find many of these conditions at the school inspections.

The conditions included under the minor ailment section are abrasions, cuts, etc., and are now being sent for treatment in their early stages to the daily treatment clinic; consequently such conditions are rarely found for the first time at routine medical inspections.

It is of course important that minor ailments should receive treatment immediately and not await routine inspections otherwise they develop very easily into major troubles.

NOSE AND THROAT DEFECTS.

495 children were found to be suffering from abnormality of the nose and throat. This may sound a big figure but it will be observed that 67 required some form of treatment and the remaining 428 required to be kept under observation but did not require immediate treatment.

The slightest defects of the nose and throat, as it is the portal of entry of so many diseases, are kept under very close observation. The observation of these conditions, even if the defect is very slight, is carried out at the next Medical Inspection, or at the clinics, according to the wishes of the medical officer.

EAR DISEASE AND DEFECTIVE HEARING.

The condition commonly called "Running ear" (Otitis Media) was found in 13 children during the school examinations in 1938. All these children were immediately referred for treatment.

Infectious Diseases are the main causes of this condition. Some degree of impairment of hearing is often found in these cases.

Full facilities are available at your treatment clinics for dealing with this defect.

HEART DISEASE AND RHEUMATISM.

Children suffering from organic heart disease numbered 4 out of the 2,011 examined during the year.

These cases although suffering from organic heart disease did not require immediate treatment, as the lesions of the heart were of such a character as not to interfere with the child's normal life at school.

Many children in the past suffering from very slight abnormalities of the heart have been debarred from all kinds of games, physical exercises and the like. It is not the practice now to stop all physical exercises. For such cases reasonable physical exercises are an advantage providing medical supervision is available.

ORTHOPÆDIC AND POSTURAL DEFECTS.

No cases of Rickets were found amongst the children examined during the year.

The child welfare movement, together with the improved home conditions of many of our citizens, have done much to reduce the incidence of Rickets amongst the school children in the Borough.

No gross Orthopædic conditions were found; 2 cases of Curvature of the spine and 8 other conditions were recorded. These were all of a minor nature and were referred to your remedial exercise clinic under the orthopædic scheme.

TUBERCULOSIS.

No case of active pulmonary tuberculosis or non-pulmonary tuberculosis was found at medical inspections.

FOLLOWING UP—SUMMARY OF WORK BY SCHOOL NURSES.

The general arrangements for the following up in the homes or in the schools by your School Nurses has been recorded in detail in past years. The general work carried out by your school nurses has been of a very high standard.

Your 2 school nurses are working at full capacity and it will be impossible to increase any of the clinics they attend without obtaining more assistance. It has been difficult during the year to keep up the numbers requiring treatment at some of the clinics, chiefly, at the sun-light clinic. An extra session would have been an advantage but it was found impossible with the present available staff.

TREATMENT.

The general arrangements for the treatment of defects in your school children have remained the same in 1938 as in 1937. No additional treatment clinics have been established, although in certain instances the facilities available have naturally altered with our increased knowledge.

All established clinics have been fully utilised during the year and in no case have you a clinic which does not fully justify its existence.

The various clinics available for treatment are tabulated in this report, and during the year the attendances made by school children at these clinics, with the exception of the Dental clinic, numbered 29,388.

Details of Visits Paid etc.,

Treatment Clinics attended by School Nurses:—

Half days held	469
Individual children treated	3,469
Total attendances	17,890
Average attendance per clinic	38.5
Number of children cured	3,228
Referred elsewhere for treatment	69
No. of children on books December 31, 1937 ...	28
Total exclusion days	790

IONIZATION CLINIC.

Ionization Clinics held	36
Children treated	30
Total attendances	104

TONSIL AND ADENOID OPERATIVE CLINIC.

Number of Clinics held	37
Number of children treated	140

Diseases:—

Impetigo (Scalp)	21
Impetigo (Body)	81
Ringworm (Scalp)	3
Ringworm (Body)	17
Scabies	31
Other skin diseases	43
Minor Surgical Dressings	2,488
Diseases of the ear	162
Minor Eye Diseases	204
Other diseases	320

Home Visits:—

Diseases of Throat	641
Vermin	40
Infectious diseases	154
Various	150
Eye defects	88

CLINICS.

Service.	Situation of Premises.	Days open.	Authority. Responsible
Maternity and Child Welfare. Welfare Centres	Coton Road (entrance Riversley Park) Nuneaton	Mondays, Tuesdays and Wednesdays, 2.0—4.30 p.m.	Under Borough Council.
	Cross St., Stock- ingford	Mondays and Wednesdays, 2.0—4.30 p.m.	Do.
Ante-natal Centre.	Coton Road, Nuneaton	2nd and 4th Thursday in month, 2.15 p.m.	Do.
	Cross Street, Stockingford	1st & 3rd Thurs- day in month, 2-15 p.m.	
Gynæcological Clinic	Coton Road,	1st Monday in month, 9.0 a.m. —12 noon.	Do.
Dental Clinic	Coton Road Nuneaton	Every Thursday 2 p.m.—4 p.m.	Do.
1-5 Minor Ail- ments	Coton Road, Nuneaton Cross Street, Stockingford	9.0—10.0 a.m. each morning Ditto	Do.
School Medical Service. Treatment Clinic and Inspection Clinic	Coton Road (entrance Riversley Park)	Every weekday morning, 9.0— 12 a.m.	Under Education Committee.
	Cross Street, Stockingford	Ditto	
Eye Clinic	Coton Road	Tuesday, Thurs- day and Friday mornings	Do.
Tonsil and Adenoid Clinic	Ditto	Tuesday, 8.0 a.m.	Do.
Ear Clinic	Ditto	As occasion arises	
Orthopædic Clinic	Ditto	Last Friday in month, 2.0 p.m.	
Sun Ray	Coton Road	Intermediate treat- ment weekly. Fri- day 2 p.m.—5 p.m. Tuesday 2—4 p.m. Saturday 9 a.m.— 12 noon.	

CLINICS—Continued.

Service.	Situation of Premises.	Days Open.	Responsible Authority.
Dental Clinic	Coton Road	Monday and Tuesday 9.0 a.m. to 5.0 p.m. Wednesday 9.0 a.m. to 1.0 p.m. Thursday 9.0 a.m. to 1.0 p.m. Friday 9.0 a.m. to 5.0 p.m. Saturday 9.0 a.m. to 12 noon.	Under Education Committee.
M. and C.W.	Coton Road	Every Thursday 2-0 p.m.	Under Borough Council
Tuberculosis Dispensary	35, Coton Road (Converted dwelling)	Tuesday, 10.0 a.m. to 4.0 p.m.	Warwickshire and Coventry Joint Committee for Tuberculosis.
Venereal Diseases Male Clinics	Cleansing Station Central Avenue	Fridays, 6.0 to 7.30 p.m.	Medical Officer of Health in attendance
Female	Ditto	Tuesdays, 5.30 to 7.30 p.m. (intermediate daily treatment also provided—males 6.30 p.m. (Tuesday excepted) females by appointment)	Ditto (Under Warwickshire C.C.)

UNCLEANLINESS.

Your school nurses have visited all schools in the area and inspected the children for uncleanness and verminous conditions. Each school has been visited on an average 6 times during the year.

23,388 inspections were made of your school children. The number of individual children found to be unclean was 494.

Parents are advised on the best methods of cleansing the heads of children found to be verminous and the nurses pay many visits to the homes in order to impress on the parents the best way of keeping the children from becoming verminous.

Certain children have been cleansed at the clinics. In some instances this has been due to abnormal home conditions resulting from the mothers' absence due to illness.

Four cases had to be referred to the Local Inspector of the N.S.P.C.C. where parents had failed to cleanse their children within a reasonable time.

MINOR AILMENTS AND TREATMENT OF THE SKIN.

The daily treatment clinics are called upon to deal with a large number of children falling under the above group. During 1938, 1,337 children were treated under this heading.

Treatment clinics which are under the supervision of your Medical Officers are open daily and the necessary treatment is given by the school nurse.

Much preventive work is carried on at these clinics in order that the minor defect may not become a major defect. A comparatively few years ago it was a common sight to see a school child with a very bad condition of Impetigo (infectious scab). Although nowadays Impetigo is still with us it is a great rarity to see a child with Impetigo which is not in its early stage. This is entirely due to the available treatment being used to its full extent by the parents, head teachers, etc.

HEART DISEASE AND RHEUMATISM.

The initial treatment of heart disease and rheumatism obviously cannot be carried out at your treatment clinics. Cases in the first instance are treated by private practitioners or hospitals.

The child who has recovered sufficiently to attend the ordinary elementary school, either full or part-time, is kept under close observation by medical officers at the clinics.

Much good is done to these children by advice as regards diet, suitable exercises and fresh air.

The appropriate head teacher is notified of any child who requires special supervision at school on account of a defective heart.

EXTERNAL EYE DISEASE AND DEFECTIVE VISION.

The Eye Clinic which is held three times a week at Nuneaton Clinic deals with all cases of defective or suspected defective vision. Cases are referred by head teachers, school nurses, and sometimes by the parents themselves. Other cases are referred to the Eye Clinic by the School Medical Officer when found at routine medical inspections.

Each case is examined by retinoscopy and on this examination depends the prescription of suitable glasses or other treatment.

All cases are re-examined on two further occasions at least; even when glasses are not advised at the first examination.

Other cases of eye defects, such as sty and conjunctivitis, are treated at this clinic and these are always examined by retinoscopy, as some of the conditions may be due to errors of refraction which quickly recover if suitable glasses are prescribed in addition to local application of eye lotions, etc.

For complicated cases and for cases requiring hospital treatment, e.g. operation for squint, a scheme exists whereby these cases can be sent to the Nuneaton General Hospital or Birmingham Eye Hospital for examination and the particular treatment necessary.

DEFECTIVE VISION.

1.	ERRORS OF REFRACTION (excluding squint and cases in which other ocular disease was present in addition to the refraction error):—					
	Hypermetropia	...	...	...	...	174
	Hypermetropic Astigmatism	...	...	...	...	33
	Myopia	...	...	...	...	92
	Myopic Astigmatism	...	...	...	...	9
	Mixed Astigmatism	...	...	...	...	7
2.	SQUINT.					
	Convergent strabismus	...	...	...	...	117
	Divergent strabismus	...	...	...	...	1
3.	EXTERNAL DISEASE OF THE EYE.					
	Conjunctivitis and Keratitis	...	...	...	...	21
	Blepharitis	...	...	...	...	13
	Hordeolum	...	...	...	...	3
	Corneal Nebulae	...	...	...	...	5
	Injury	...	...	...	...	—
	Papilloma	...	...	...	...	—
4.	DISEASES OF DEEPER STRUCTURES.					
	Optic nerve atrophy	...	...	...	...	—
	Congenital contract	...	...	...	...	4
	No. glasses ordered	...	...	...	...	192

EAR DISEASE AND DEFECTIVE HEARING.

Children suffering from ear disease, such as discharging ears, have in the majority of cases received daily treatment at your treatment clinic or at the special ionization clinic.

A great majority of children respond to the ionization treatment, but in certain cases it is necessary for operative procedure to be carried out. In these rare instances parents are advised to obtain advice at the Aural Department of one of the General Hospitals.

I append below details of the numbers, etc., attending your special ionization clinics.

Ionization Clinics held	...	...	...	36
Children treated	...	...	...	30
Total attendances	...	...	...	104

NOSE AND THROAT.

During the year 403 children suffering from defects of the nose and throat came under your treatment scheme. All of these received medical treatment at your treatment clinics.

After observation and treatment of a medical nature 140 of these children were referred for operation through the Education Scheme, and 263 benefited by medical treatment to such an extent that an operation was not considered necessary at the end of the year.

Operative treatment as in past years has been carried out at a special clinic held at the Riversley Park Health Centre, the operations being performed by Mr. C. A. Raison, F.R.C.S.

All children are re-examined after operation and the operation for tonsil and adenoid is a highly successful one if the cases are suitably selected.

DENTAL SERVICE.

I have received the following report from the School Dental Officer on the work of the School Dental Service.

I should like to preface this report with a warning that it is not the object of a school dental service to accomplish a maximum number of extractions and/or fillings nor to examine a record number of children in the course of the year.

That this is so may be seen on reference to the opening paragraph of the Board of Education's " Conditions of a Satisfactory dental scheme " which states that:

" The aim of the school dental service should be to secure that as many children as possible shall leave school without the loss of permanent teeth, free from dental disease, and trained in the care of the teeth."

Nowhere is there any reference to the *quantity* of work that should be done for the reason that *quality* is equally as important, and for it to be successful, the technique must be thorough and sound enough to warrant a non-recurrence of pain and decay in filled teeth and the minimum of post-extraction sequelæ.

For example: a restoration in which all the fissures of a tooth are excised and filled should, theoretically, in future, be decay proof. Such a filling, however, takes a certain time in which it might have been possible to do two or more unsatisfactory fillings. This latter procedure would almost certainly cause trouble later and would, consequently, be a waste of time.

The result of the year's work will be found in the appended table.

The treatment of an excessive number of children presenting themselves at the clinic with toothache together with those referred from medical inspection unfortunately cut short the number of children inspected at the schools, but it is hoped that all the schools will be re-inspected within the next eighteen months and thenceforward an annual inspection should be possible.

All appreciative parents are invited to return with their children to the clinic every six months for re-inspection, and it is encouraging to note that several families do this to the manifold advantage to themselves as evidenced by their freedom from pain and sepsis and to the dentist in the immense saving of time in filling small cavities (if any).

I consider that those parents who take sufficient interest to do this are entitled to the most complete service which it is possible to offer them.

This is in fact the germ of the Utopian dental service which is bound to come in time, albeit not for many generations.

As regards treatment I may say that a general rather than a local anæsthetic is administered for the extraction of the majority of teeth for the following reasons:—

1. The improved psychological approach of the patient. Most prefer it and from this aspect alone it is a help.

2. The definite contra-indication of local anæsthesia in septic conditions so many of which are present.

3. The increased rate of healing and freedom from post-extraction pain.

4. More teeth can be extracted under one administration of gas than with a local anæsthetic. This avoids the necessity of making extra appointments. Most patients appreciate this.

Commencing in April, 55 afternoon gas sessions have been held at which 617 patients attended. 3,565 teeth were extracted—an average of 66 teeth per session.

There was a minimum of post-operative pain and from the numerical point of view this is much in advance of what could have been done with local anæsthesia.

The keynote of the principle of treatment by filling has, I think, been sufficiently sounded in the introductory remarks. Equally as important as the mechanical or surgical aspect of treatment is the advice given as to the maintenance of oral hygiene and to the taking of a correct diet. This is not sufficiently realised for if the mouth is neglected at home, due to ignorance of certain fundamental principles, all the work done at the clinic will eventually be wasted due to the recurrence of decay or what is more likely, the intervention of pyorrhœa in later life. This latter disease would be less widespread if these fundamental principles could be inculcated into the habits of the children.

Report on the Orthopædic Work carried out at the Nuneaton School Clinic for 1938.

Mr. F. G. Allan, F.R.C.S., reports on the Orthopædic Clinic as under:—

As will be seen from the annexed table, the number of cases undergoing physical remedial treatment has increased sharply during the year and it has been thought advisable to recommend the holding of exercise classes twice weekly instead of once only as has been done up to the present. Many of the cases, such as foot and spinal deformity, are taught in small groups, the size of these groups depending largely on the floor space available, and it had been found that the groups were getting too large to be efficiently managed. At the same time it will be observed that the number of cases requiring in-patient treatment is progressively diminishing.

Nuneaton was luckily spared the outbreak of infantile paralysis which affected many parts of the country, only a few sporadic cases occurring such as happens in every summer.

The School Nursing Staff has again afforded great help, and their assistance has been appreciated.

Attached is a record of the work of the Clinic for the year 1938.

	School		Adults		Infant Welfare Children		Total
	Children						
Tuberculosis	5	...	7	...	—	...	12
Spastic Paralysis	5	...	—	...	2	...	7
Infantile Paralysis	11	...	—	...	1	...	12
Rickets	10	...	—	...	15	...	25
Bone Injuries	13	...	7	...	—	...	20
Spinal Deformities	25	...	4	...	5	...	34
Flat Foot	57	...	—	...	25	...	82
Claw Foot	1	...	—	...	2	...	3
Club Foot	5	...	—	...	1	...	6
Other Conditions	63	...	1	...	45	...	109
Number of New Cases	107	...	2	...	56	...	165
Number of Cases carried on from previous year	85	...	7	...	41	...	133
Number of Cases treated in Hospital	11	...	—	...	1	...	12
Instrument supplied ...	34	...	10	...	19	...	63
Clinics by M.O.	—	...	—	...	—	...	12
Attendances at same ..	332	...	16	...	175	...	513
Treatment Clinics	805	...	34	...	233	...	1,072
Total attendances	1,132	...	50	...	408	...	1,580
Number of cases discharged	51	...	9	...	46	...	106

ARTIFICIAL LIGHT TREATMENT CLINIC.

I give below table of diseases treated and the results obtained from sunray:—

Disease	Total Cases Treated.	Average length of Treatment.	Average Dose in Minutes.		CONDITION OF DISEASE ON DISCHARGE					Under Observation at end of year	
			Minimum	Maximum	Cured	Much Improved	Improved	No Change	Course not Complete		
Alopecia	5	3 m'ths	5	10	3	—	—	—	2	—	3
Anæmia	14	3 "	3	20	2	7	2	—	3	—	1
Bronchitis	4	3 "	3	15	—	2	1	1	—	—	—
Cæliac Disease	2	3 "	3	20	—	2	—	—	—	—	—
Chilblains	7	2 w'ks	5	10	6	—	—	—	1	—	—
Debility	100	3 m'ths	3	20	37	35	16	1	12	10	—
Pink Disease	3	3 "	3	20	—	—	—	—	3	—	2
Rickets	6	6 "	3	25	2	2	1	—	1	—	—
Skin Disease	3	1 "	5	20	3	—	—	—	—	—	—
TB Glands	10	4 "	3	20	3	4	3	—	—	—	—
Totals	155				56	52	23	2	22		

TUBERCULOSIS.

On Dispensary treatment, 1st January, 1938.	Put on Dispensary treatment during 1938.	Total.
2	1	3
Contacts examined—Children:		
Pulmonary.	Non- Pulmonary.	Not Tuberculosis.
5	7	114
Under observation 31st Dec., 1938.		
—		
Age periods:—		
0—5	5—10	10—15
0	4	0

Stage of Disease (Children Only) :—

Pulmonary				Non-Pulmonary				Doubt- ful under obser- vation at end of year	Not tuber- culous	TOTAL
Tubercle bacilli not present	Tubercle bacilli present			Bones and Joints	Ab- dom- inal	Other Or- gans	Peri- pheral glands			
	Stage 1	Stage 2	Stage 3							
5	0	0	0	2	1	1	3	0	114	126
5				7						

INFECTIOUS DISEASE.

The methods adopted in previous years have continued in force during 1938 as regards infectious disease and the control of contacts.

No major epidemic occurred during 1938, although Diphtheria shows an increase over that of last year, whilst Scarlet Fever shows a marked drop.

All cases of infectious disease occurring amongst school children, as well as the immediate contacts, are excluded from school and a notification sent to the head teacher.

Contacts are not re-admitted to school until the head teacher has a notification from the Health Department, that the child is free from infection.

The following table gives details of age group, etc., during the year:—

	1-5 yrs.	5-10 yrs.	10-15 yrs.	Total.
Scarlet Fever	13	... 46	... 18	... 77
Diphtheria	20	... 64	... 18	... 102
Pneumonia	11	... 4	... 14	... 29
Erysipelas	1	... —	... —	... 1
Cerebro Spinal Fever ...	—	... 1	... —	... 1

PHYSICAL TRAINING.

Physical Training continues to play an important part in your schools. In one form or another this activity is enjoyed by children in practically every age group.

Your Physical Training Organisers have arranged Refresher Courses for teachers and these have been attended with great enthusiasm. Most of your teachers of Physical Training attend refresher courses of one sort or another during the year; their teaching method is accordingly very much up to date. The men teachers have formed a Teachers' Physical Training Association and have met for tuition and practice at monthly meetings throughout the year.

The fact that most of the senior children in your schools have now got special physical training garments has greatly increased the value of this subject.

All your schools have playgrounds and access to playing fields for organised games. In my last report I referred to the opening of three playing fields for school children during the summer holidays under the supervision of play-leaders; so successful was this experiment that its scope has been extended. During the period covered by this report five fields were opened during the Easter and Summer holidays and two fields were kept open in the evenings during the period between Easter and Summer. Play-leaders supervised children on these fields.

Most of your existing school departments have halls suitable for Physical Training with portable apparatus. The Arbury Senior Council School which it is hoped to open at Easter will possess both a hall and a fully equipped gymnasium; a gymnasium and a hall are included in the extensions to Manor Park Senior School which are being erected at the present moment; there will be two halls at the Higham Lane Schools. Arrangements have been made for the use of the Parish Church Hall by Vicarage Street C.E. Schools for Physical Training; the Coton C.E. Schools are making use of the Coton Church Hall; whilst the Griff Colliery Welfare Hall is being used for a similar purpose by the Heath End C.E. Schools.

The Mayor's Committee on Physical Training and Recreation continues to make efforts to provide leaders in Recreative Physical Training and facilities for children leaving school to be able to carry on their Physical Training and games. I may add here, that there are about 20 Physical Training Classes for persons over school age in the Borough.

You have appointed a part-time swimming coach, who during the summer months gave lessons in swimming to both pupils and teachers. The attendances at the Municipal Baths during school hours amounted to 12,836.

During the summer holidays Mr. Randle, Head Master of Stockingford Council Boys' School, took a party of about 30 boys camping. The place chosen this year was Taly-Bont, Merionethshire, and the camp lasted for one week. I need hardly say that this is an activity which deserves every encouragement.

PROVISION OF MEALS.

During 1938 no alteration took place as regards the provision of meals in schools. No organised meals are supplied by the Local Authority.

The scheme for the provision of milk to school children has remained in operation during 1938, the total consumption was 28,870 gallons. This shows an increase of 2,000 gallons over the amount consumed in the previous year. The milk supplied, in the main, is Pasteurised. 1,026 gallons out of the total was Accredited.

CO-OPERATION OF TEACHERS.

I would again like to record my great appreciation of the willing help given by the heads and their staffs to the school medical service.

The influence of the teaching profession on the nation is very great and they have done much to help us carry out our work for the general health of the school population.

PARENTS.

The services that are undertaken by the Education Committee for the well-being of the children are used to such an extent that it is obvious that we have the co-operation of the parents in dealing with the health of the school child.

Parents are notified when their child is to be medically inspected and during the year 68 per cent. of children were accompanied by their parents. It is found that as the years go on parents are taking a greater interest in dietetics, exercises and fresh air, as means to keeping their children happy and well.

SCHOOL ATTENDANCE OFFICERS.

The closest co-operation exists between the School Medical Service and the School attendance Officers.

It is essential that these two branches should be closely linked together, and I am glad to be able to report that the heartiest co-operation exists between the School Medical Department and the School Attendance Department.

VOLUNTARY BODIES.

The main Society which helps us in our work is the National Society for the Prevention of Cruelty to Children. This Society through their local Inspector, Mr. Elliott, has given much help to us during the year with very beneficial results to the children.

Although certain cases are referred to this Society to put pressure on the parents for neglect for continuous verminous conditions, the Inspector has also been very helpful to parents by advising on the problems outside the scope of the school medical service.

I am indebted to Inspector Elliott for the following report on numbers of cases dealt with in this Area.

	No. of cases.	No. of school children.	No. under school age.	No. of visits.
Neglect	13	25	7	55
Neglect—Medical	5	3	2	21
Neglect—Burns	2	1	1	9
Neglect—Vermin	3	5	—	10
Ill treatment	2	4	2	13
Other Wrongs	1	2	—	15
Advice Sought	2	6	3	8
	28	46	15	131

Reported by General Public.

Neglect	39	60	35	182
Advice Sought	26	24	17	64
Ill treatment	9	16	3	42
Other Wrongs	1	2	—	18
	75	102	55	306

Five children were, during the year, brought before the Juvenile Court as “ In need of care or protection,” and in three cases committed to the Local Authority, and in the other two to “ fit persons.”

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The above classes of defective children are ascertained by your Medical Officers through Head Teachers, School Nurses, School Attendance Officers and parents.

A great majority of cases falling under this category are known prior to their entry in school.

The closest co-operation exists between the Maternity and Child Welfare Service and the School Medical Service for this purpose.

The Education Committee have no special school of their own for dealing with these children, but cases are sent to outside schools maintained for children suffering from a special defect. All children who are non-educable within the meaning of the Education Act are referred to the County Council and receive much benefit from the Occupation Centre held in the town.

I am indebted to the Supervisor, Miss Lawes, for the following report:—

1. OBJECT. The Nuneaton Occupation Centre is maintained by the Mental Deficiency Acts Committee of the Warwickshire County Council for the benefit of mental defectives of the town

and district, who are excluded from attendance in Elementary Schools and who do not require accommodation in certified institutions.

During the first half-year the Centre was held on the premises of the Congregational Church, Coton Road, Nuneaton, for morning sessions. After the Whitsuntide holidays the Centre reopened at the Girl Guide Hut, Corporation Street, Nuneaton.

The Centre is open from Mondays to Fridays inclusive from 2 p.m. to 4.30 p.m.

2. STAFF. The staff consists of the Supervisor, an assistant who is engaged at the Centre four afternoons weekly, also a Guide who conducts pupils living in Stockingford area to and from their homes, and meets and returns to the respective buses pupils living in Atherstone and Bedworth areas.

3. ATTENDANCES. Attendance at the end of first half-year was 12. At commencement of second half-year pupils from Atherstone began to attend Nuneaton Centre, bringing numbers up to 16, four other admittances have been made, total at year end being 20—10 girls, 10 boys—with average attendance for the year of $89\frac{1}{2}$ per cent.

4. PROGRESS. Progress is shown during the year by most of the older girls in sewing and basketry, and the older boys continue to show improvement in rug-making and stool seating; while the smaller children show progress in counting, colour sorting and sewing and some progress in speech training.

5. CURRICULUM. Personal hygiene, domestic duties, games and singing, percussion band, clock reading, money values and counting. Handicrafts taught are basketry, chair and stool seating, rug making, knitting and embroidery.

6. ARTICLES MADE AND SALES. Articles made include aprons, bags, almanacs, cushion covers, afternoon tea-cloths, trays, rugs, stools and chairs resealed. Goods have been sold during the year to the value of £16 6s. 6d.

7. AMUSEMENTS. On Tuesday, the 21st June, the pupils were taken by motor coach to Wickstead Park, Kettering, where they spent a very enjoyable day. Appreciable practical and financial assistance was given on this occasion by the members of the Inner Wheel of the Rotary Club.

On Thursday, the 22nd December, the pupils enjoyed a Christmas party provided for them by the Committee. Parents and visitors were invited to attend and a demonstration by pupils was given. The Christmas gifts provided for pupils were kindly distributed by Miss A. Swinnerton.

8. CONCLUSION. I should like to take this opportunity of expressing my thanks to all members of the Committee and local ladies and gentlemen for the interest taken by them in the work of the Centre during the year.

IRENE LAWES,

SPEECH TRAINING.

Report for the Year ending December 31st, 1938.

Classes in Speech Training at Queen's Road School re-commenced (after the Christmas Holidays) on Tuesday, January 11th, and apart from the usual school holidays, treatment for speech difficulties has been given throughout the year, on Tuesday afternoons from 1.45 to 4.15 and on Friday mornings from 9.15 to 12.15.

Treatment has been given mainly to stammering children, and three classes have been held at each session, one Senior and two Junior, each child attending twice a week. During the Winter Term one of the Junior Classes on Tuesday afternoons has been slightly altered, and now consists of three small boys, one with Cleft Palate speech, one with a slight stammer and for a long time unwilling to talk at all, and the third with a stammer and very defective articulation; a certain amount of individual help has thus been possible, but it is not a very satisfactory arrangement since it excludes two boys of the corresponding class on Friday mornings.

Treatment has been given also to a boy with Cleft Palate speech and to one with defective articulation, the latter being discharged in December.

During the year 4 children have been admitted, 3 have left school, and 4 have been discharged.

E. M. BRETT.

TABLE I.

**MEDICAL INSPECTIONS OF CHILDREN ATTENDING
PUBLIC ELEMENTARY SCHOOLS.**

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups.

Entrants	...	...	...	...	...	733
Second Age Group			...	...	...	599
Third Age Group	...		...	...	...	679

Total ... 2,011

Number of other Routine Inspections ... —

Grand Total ... 2,011

B.—Other Inspections.

Number of Special Inspections ... 4,827

Number of Re-Inspections ... 3,788

Total ... 4,215

C.—Children found to require Treatment.

				For defective vision (excluding squint)	For all other conditions recorded in Table II A	Total
Entrants	...	...	...	4	118	122
Second Age Group	...	...	...	73	47	120
Third Age Group	...	...	...	79	30	109
Total (Prescribed Groups)	...	...	...	156	195	351
Other Routine Inspections	...	...	...	—	—	—
Grand Total	...	...	...	156	195	351

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1938.

DEFECT OR DISEASE.					Routine Inspections		Special Inspections	
					No. of defects		No. of defects	
					Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
Skin	Ringworm	...	...	...	
	Scalp	...	...	...	1	0	3	0
	Body	...	...	...	1	0	17	0
	Scabies	...	...	...	6	0	27	0
	Impetigo	...	...	...	8	0	90	0
	Other Diseases	...	...	...	18	0	55	0
	(non tuberculous)							
TOTAL HEADS 1—5					34	0	192	0
Eye	Blepharitis	...	...	...	4	0	19	0
	Conjunctivitis	...	..	...	2	0	100	0
	Keratitis	...	...	...	0	0	0	0
	Corneal Opacities	...	...	...	0	0	0	0
	Other Conditions [excluding Defective Vision and Squint]	...	...	...	0	0	124	0
	TOTAL HEADS 6—10				6	0	243	0
	Defective Vision (excluding Squint)	...	...	...	156	0	70	0
Squint	...	...	...	26	0	6	0	
Ear	Defective Hearing	...	...	...	0	0	10	0
	Otitis Media	...	...	...	13	0	0	0
	Other Ear Diseases	..	...	...	0	0	161	0
Nose & Throat	Chronic Tonsilitis only	...	...	...	0	76	59	67
	Adenoids only	...	...	...	2	2	5	0
	Chronic Tonsilitis and Adenoids	...	...	...	65	350	225	73
	Other Conditions	...	...	...	0	0	719	0
Enlarged Cervical Glands (non Tuberculous)					49	133	105	0
Defective Speech					0	8	0	1
Heart and Circulation.	Heart Disease :							
	Organic	...	...	...	0	4	4	1
	Functional	..	...	...	0	0	0	3
	Anæmia	...	...	...	7	0	2	0
Lungs	Bronchitis	...	...	...	6	0	16	0
	Other Non-Tuberculous Diseases				0	0	38	0

TABLE 2.—Continued.

DEFECT OR DISEASE.					Routine Inspections		Special Inspections	
					No. of defects		No. of defects	
					Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
Tuber- oulois	Pulmonary :							
	Definite	...	...	...	0	0	1	0
	Suspected	...	...	...	0	0	0	0
	Non-Pulmonary :							
	Glands	...	...	...	0	0	0	2
	Bones and Joints	...	...	...	0	0	0	0
	Skin	...	...	...	0	0	1	0
Nervous System	Other Forms	...	...	...	0	0	0	0
	TOTAL HEADS 29—32				0	0	1	2
Deform- itles	Epilepsy	...	...	...	0	0	0	1
	Chorea	...	...	...	3	0	19	1
	Other Conditions	...	...	...	0	0	2	0
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	Rickets	...	...	...	0	0	2	0
	Spinal Curvature	...	...	...	2	0	0	0
	Other Forms	...	...	...	8	0	28	0
Total number of defects					40	0	2456	5
					417	573	4364	154

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-Groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly sub-normal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	733	27	3.6	698	95.2	8	1.09	0	0
Second Age-Group	599	16	2.6	564	94.1	19	3.17	0	0
Third Age-Group	679	104	15.3	567	83.5	8	1.17	0	0
Other Routine Inspections	0	0	0	0	0	0	0	0	0
TOTAL	2011	147	7.3	1829	90.9	35	1.7	0	0

TABLE 3.

RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA.

BLIND CHILDREN	At Certified Schools for the Blind ... 4 At Public Elementary Schools ... — At other Institutions ... — At no School or Institution ... — Total 4
PARTIALLY SIGHTED CHILDREN	At Certified Schools for the Blind ... — At Certified Schools for the Partially Sighted ... — At Public Elementary Schools ... — At other Institutions ... — At no School or Institution ... — Total —
DEAF CHILDREN	At Certified Schools for the Deaf ... 2 At Public Elementary Schools ... 1 At other Institutions ... — At no School or Institution ... — Total 3
PARTIALLY DEAF CHILDREN	At Certified Schools for the Deaf ... — At Certified Schools for the Partially Deaf ... — At Public Elementary Schools ... 1 At other Institutions ... — At no School or Institution ... — Total 1
MENTALLY DEFEC- TIVE CHILDREN <i>Feeble-Minded Children.</i>	At Certified Schools for Mentally De- fective Children ... — At Public Elementary Schools ... 39 At other Institutions ... — At no School or Institution ... 2 Total 41
EPILEPTIC CHILDREN <i>Children suffering from severe Epilepsy</i>	At Certified Special Schools ... 1 At Public Elementary Schools ... 1 At other Institutions ... — At no School or Institution ... — Total 2

TABLE 3.—Continued.
PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN 1.— <i>Children suffering from Pulmonary Tuberculosis</i>	At Certified Special Schools	2
	At Public Elementary Schools	4
	At other Institutions	—
	At no School or Institution	5
	Total	11
II.— <i>Children suffering from non-pulmonary Tuberculosis</i>	At Certified Special Schools	5
	At Public Elementary Schools	21
	At other Institutions	—
	At no School or Institution	3
	Total	29
B.—DELICATE CHILDREN	At Certified Special Schools	1
	At Public Elementary Schools	—
	At other Institutions	—
	At no School or Institution	—
	Total	1
C.—CRIPPLED CHILDREN	At Certified Special Schools	2
	At Public Elementary Schools	—
	At other Institutions	—
	At no School or Institution	—
	Total	2
D.—CHILDREN WITH HEART DISEASE	At Certified Special Schools	—
	At Public Elementary Schools	—
	At other Institutions	—
	At no School or Institution	—
	Total	—

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
M.D. and Cripple ...	—	1	1	—	2
M.D. and Fits	—	—	—	1	1
M.D. and Deaf and Dumb	—	1	—	—	1
M.D. and Partially Blind	—	—	—	1	1

TABLE IV.
TREATMENT TABLES.

Group 1.—Minor Ailments (excluding Uncleanliness, for which see Table VI.).

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise	Total
Skin:—			
Ringworm—Scalp			
(i.) X-Ray Treatment. If none, indicate by dash.	—	—	—
(ii.) Other Treatment.	3	—	3
Ringworm—Body	17	—	17
Scabies	27	—	27
Impetigo	90	—	90
Other skin disease	55	—	55
Minor Eye defects (external and other, but excluding cases falling in Group II).	243	—	243
Minor Ear defects	159	2	161
Miscellaneous (e.g. minor injuries, bruises, sores, chil-blains, etc.)	743	—	743
Total	1337	2	1339

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	Number of Defects dealt with.		
	Under the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint). Operations for squint should be recorded separately in the body of the School Medical Officer's report).	676	—	676
Other defect or disease of the eyes (excluding those recorded in Group I).	9	—	9
Total	685	—	685
No. of Children for whom spectacles were			
(a) Prescribed.	219	—	219
(b) Obtained.	190	—	190

TABLE IV.—continued.

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS													
Received Operative Treatment.										Received other forms of treatment	Total Number Treated		
Under the Authority's Scheme in Clinic or Hospital,				By Private Practitioner or Hospital apart from the Authority's Scheme				Total					
(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)	(1)	(2)			(3)	(4)
0	1	139	0	0	0	0	0	0	1	139	0	263	403
(1) Tonsils only. (2) Adenoids only. (3) Tonsils and Adenoids. (4) Other defects of nose and throat.													

Group IV.—Orthopædic and Postural Defects

	Under the Authority's Scheme.			Otherwise.			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	11	—	192	—	—	—	192

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist.

		Age No.		
(a) Routine age-groups		...	...
		5...	132	Total 2172
		6 .	220	
		7..	200	
		8...	228	
		9 .	182	
		10...	195	
		11..	261	
		12...	151	
		13...	320	
		14	283	
(b) Specials	1,274
(c) TOTAL (Routine and Specials)	3,446

(2) Number found to require treatment	...	...	...	2,817
(3) Number actually treated	...	...	...	1,626
(4) Attendances made by children for treatment	...	...	...	3,559
(5) Half-days devoted to:—				
Inspection	...	...	...	10
Treatment	...	...	...	353
				<hr/>
	Total	...	...	363
(6) Fillings:—				
Permanent Teeth	...	...	...	606
Temporary Teeth	...	...	...	559
				<hr/>
	Total	...	...	1,165
(7) Extractions:—				
Permanent Teeth	...	...	...	992
Temporary Teeth	...	...	...	4,421
				<hr/>
	Total	...	...	5,413
(8) Administrations of general anæsthetics for extractions				644
(9) Other Operations:—				
Permanent Teeth	...	...	...	778
Temporary Teeth	...	...	...	—
				<hr/>
	Total	...	...	778

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

Average number of visits per school made during the year by the School Nurses	...	...	...	...	6
Total number of examinations of children in the Schools by School Nurses	...	...	...	...	23,388
Number of individual children found unclean	...	...	...	...	494
Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	...	...	...	...	4
Number of cases in which legal proceedings were taken:—					
(a) Under the Education Act, 1921	...	...	...	...	—
(b) Under School Attendance Byelaws	...	...	...	...	—

